

FILED JUL 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18616

BIRTH NO.		REG. DIST. NO. 34		PRIMARY REG. DIST. NO. 5117		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Cedar</u>)		c. LENGTH OF STAY (in this place) <u>10</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Cedar</u>		d. STREET ADDRESS (If rural, give location) <u>Ashland Mo. R.F.D.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ashland Mo. R.F.D.</u>				d. STREET ADDRESS (If rural, give location) <u>Ashland Mo. R.F.D.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u> b. (Middle) <u>B</u> c. (Last) <u>Branch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-15-1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 28-1872</u>	
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>14</u>		IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Branch</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Kratz</u>		14. NAME OF HUSBAND OR WIFE <u>Alma Branch</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alma Branch Ashland Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia-hypostatic-bilateral-</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Sclerosis-general-with Myocardial involvement</u> DUE TO (c) <u>Traumatism-multiple-severe-lead-chest and lower extremities-when thrown from wagon and dragged by reins and team-occurred 3 June 1949-</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7 days-</u> <u>? years</u> <u>11 days-</u> <u>8 45</u>
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>				20. AUTOPSY? <u>3</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident-</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Road Near Farm-</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cedar Township Boone Co Mo</u>		21f. HOW DID INJURY OCCUR - <u>Team frightened by dog and ran away throwing victim through</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 3 49-1:00 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>3 June 1949</u> , to <u>14 June 1949</u> , that I last saw the deceased alive on <u>14 June 1949</u> , and that death occurred at <u>4:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John R Hall - M.D.</u>				23b. ADDRESS <u>Ashland - Mo</u>		23c. DATE SIGNED <u>15 June 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-17-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Booneville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-17-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Mildred Bunnett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Burnett</u>		ADDRESS <u>Ashland Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUN 29 1949
District Health Officer No. 9,
District File Number

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed W. E. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashtland, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.